

UNITED STATES PATENT APPLICATION

**CARDIAC RHYTHM MANAGEMENT SYSTEM
ADJUSTING RATE RESPONSE FACTOR
FOR TREATING HYPOTENSION**

INVENTOR

Douglas R. Daum
of Oakdale, MN, USA

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
850
851
852
853
854
855
856
857
858
859
860
861
862
863
864
865
866
867
868
869
870
871
872
873
874
875
876
877
878
879
880
881
882
883
884
885
886
887
888
889
890
891
892
893
894
895
896
897
898
899
900
901
902
903
904
905
906
907
908
909
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926
927
928
929
930
931
932
933
934
935
936
937
938
939
940
941
942
943
944
945
946
947
948
949
950
951
952
953
954
955
956
957
958
959
960
961
962
963
964
965
966
967
968
969
970
971
972
973
974
975
976
977
978
979
980
981
982
983
984
985
986
987
988
989
990
991
992
993
994
995
996
997
998
999
1000
1001
1002
1003
1004
1005
1006
1007
1008
1009
1010
1011
1012
1013
1014
1015
1016
1017
1018
1019
1020
1021
1022
1023
1024
1025
1026
1027
1028
1029
1030
1031
1032
1033
1034
1035
1036
1037
1038
1039
1040
1041
1042
1043
1044
1045
1046
1047
1048
1049
1050
1051
1052
1053
1054
1055
1056
1057
1058
1059
1060
1061
1062
1063
1064
1065
1066
1067
1068
1069
1070
1071
1072
1073
1074
1075
1076
1077
1078
1079
1080
1081
1082
1083
1084
1085
1086
1087
1088
1089
1090
1091
1092
1093
1094
1095
1096
1097
1098
1099
1100
1101
1102
1103
1104
1105
1106
1107
1108
1109
1110
1111
1112
1113
1114
1115
1116
1117
1118
1119
1120
1121
1122
1123
1124
1125
1126
1127
1128
1129
1130
1131
1132
1133
1134
1135
1136
1137
1138
1139
1140
1141
1142
1143
1144
1145
1146
1147
1148
1149
1150
1151
1152
1153
1154
1155
1156
1157
1158
1159
1160
1161
1162
1163
1164
1165
1166
1167
1168
1169
1170
1171
1172
1173
1174
1175
1176
1177
1178
1179
1180
1181
1182
1183
1184
1185
1186
1187
1188
1189
1190
1191
1192
1193
1194
1195
1196
1197
1198
1199
1200
1201
1202
1203
1204
1205
1206
1207
1208
1209
1210
1211
1212
1213
1214
1215
1216
1217
1218
1219
1220
1221
1222
1223
1224
1225
1226
1227
1228
1229
1230
1231
1232
1233
1234
1235
1236
1237
1238
1239
1240
1241
1242
1243
1244
1245
1246
1247
1248
1249
1250
1251
1252
1253
1254
1255
1256
1257
1258
1259
1260
1261
1262
1263
1264
1265
1266
1267
1268
1269
1270
1271
1272
1273
1274
1275
1276
1277
1278
1279
1280
1281
1282
1283
1284
1285
1286
1287
1288
1289
1290
1291
1292
1293
1294
1295
1296
1297
1298
1299
1300
1301
1302
1303
1304
1305
1306
1307
1308
1309
1310
1311
1312
1313
1314
1315
1316
1317
1318
1319
1320
1321
1322
1323
1324
1325
1326
1327
1328
1329
1330
1331
1332
1333
1334
1335
1336
1337
1338
1339
1340
1341
1342
1343
1344
1345
1346
1347
1348
1349
1350
1351
1352
1353
1354
1355
1356
1357
1358
1359
1360
1361
1362
1363
1364
1365
1366
1367
1368
1369
1370
1371
1372
1373
1374
1375
1376
1377
1378
1379
1380
1381
1382
1383
1384
1385
1386
1387
1388
1389
1390
1391
1392
1393
1394
1395
1396
1397
1398
1399
1400
1401
1402
1403
1404
1405
1406
1407
1408
1409
1410
1411
1412
1413
1414
1415
1416
1417
1418
1419
1420
1421
1422
1423
1424
1425
1426
1427
1428
1429
1430
1431
1432
1433
1434
1435
1436
1437
1438
1439
1440
1441
1442
1443
1444
1445
1446
1447
1448
1449
1450
1451
1452
1453
1454
1455
1456
1457
1458
1459
1460
1461
1462
1463
1464
1465
1466
1467
1468
1469
1470
1471
1472
1473
1474
1475
1476
1477
1478
1479
1480
1481
1482
1483
1484
1485
1486
1487
1488
1489
1490
1491
1492
1493
1494
1495
1496
1497
1498
1499
1500
1501
1502
1503
1504
1505
1506
1507
1508
1509
1510
1511
1512
1513
1514
1515
1516
1517
1518
1519
1520
1521
1522
1523
1524
1525
1526
1527
1528
1529
1530
1531
1532
1533
1534
1535
1536
1537
1538
1539
1540
1541
1542
1543
1544
1545
1546
1547
1548
1549
1550
1551
1552
1553
1554
1555
1556
1557
1558
1559
1560
1561
1562
1563
1564
1565
1566
1567
1568
1569
1570
1571
1572
1573
1574
1575
1576
1577
1578
1579
1580
1581
1582
1583
1584
1585
1586
1587
1588
1589
1590
1591
1592
1593
1594
1595
1596
1597
1598
1599
1600
1601
1602
1603
1604
1605
1606
1607
1608
1609
1610
1611
1612
1613
1614
1615
1616
1617
1618
1619
1620
1621
1622
1623
1624
1625
1626
1627
1628
1629
1630
1631
1632
1633
1634
1635
1636
1637
1638
1639
1640
1641
1642
1643
1644
1645
1646
1647
1648
1649
1650
1651
1652
1653
1654
1655
1656
1657
1658
1659
1660
1661
1662
1663
1664
1665
1666
1667
1668
1669
1670
1671
1672
1673
1674
1675
1676
1677
1678
1679
1680
1681
1682
1683
1684
1685
1686
1687
1688
1689
1690
1691
1692
1693
1694
1695
1696
1697
1698
1699
1700
1701
1702
1703
1704
1705
1706
1707
1708
1709
1710
1711
1712
1713
1714
1715
1716
1717
1718
1719
1720
1721
1722
1723
1724
1725
1726
1727
1728
1729
1730
1731
1732
1733
1734
1735
1736
1737
1738
1739
1740
1741
1742
1743
1744
1745
1746
1747
1748
1749
1750
1751
1752
1753
1754
1755
1756
1757
1758
1759
1760
1761
1762
1763
1764
1765
1766
1767
1768
1769
1770
1771
1772
1773
1774
1775
1776
1777
1778
1779
1780
1781
1782
1783
1784
1785
1786
1787
1788
1789
1790
1791
1792
1793
1794
1795
1796
1797
1798
1799
1800
1801
1802
1803
1804
1805
1806
1807
1808
1809
1810
1811
1812
1813
1814
1815
1816
1817
1818
1819
1820
1821
1822
1823
1824
1825
1826
1827
1828
1829
1830
1831
1832
1833
1834
1835
1836
1837
1838
1839
1840
1841
1842
1843
1844
1845
1846
1847
1848
1849
1850
1851
1852
1853
1854
1855
1856
1857
1858
1859
1860
1861
1862
1863
1864
1865
1866
1867
1868
1869
1870
1871
1872
1873
1874
1875
1876
1877
1878
1879
1880
1881
1882
1883
1884
1885
1886
1887
1888
1889
1890
1891
1892
1893
1894
1895
1896
1897
1898
1899
1900
1901
1902
1903
1904
1905
1906
1907
1908
1909
1910
1911
1912
1913
1914
1915
1916
1917
1918
1919
1920
1921
1922
1923
1924
1925
1926
1927
1928
1929
1930
1931
1932
1933
1934
1935
1936
1937
1938
1939
1940
1941
1942
1943
1944
1945
1946
1947
1948
1949
1950
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025
2026
2027
2028
2029
2030
2031
2032
2033
2034
2035
2036
2037
2038
2039
2040
2041
2042
2043
2044
2045
2046
2047
2048
2049
2050
2051
2052
2053
2054
2055
2056
2057
2058
2059
2060
2061
2062
2063
2064
2065
2066
2067
2068
2069
2070
2071
2072
2073
2074
2075
2076
2077
2078
2079
2080
2081
2082
2083
2084
2085
2086
2087
2088
2089
2090
2091
2092
2093
2094
2095
2096
2097
2098
2099
2100
2101
2102
2103
2104
2105
2106
2107
2108
2109
2110
2111
2112
2113
2114
2115
2116
2117
2118
2119
2120
2121
2122
2123
2124
2125
2126
2127
2128
2129
2130
2131
2132
2133
2134
2135
2136
2137
2138
2139
2140
2141
2142
2143
2144
2145
2146
2147
2148
2149
2150
2151
2152
2153
2154
2155
2156
2157
2158
2159
2160
2161
2162
2163
2164
2165
2166
2167
2168
2169
2170
2171
2172
2173
2174
2175
2176
2177
2178
2179
2180
2181
2182
2183
2184
2185
2186
2187
2188
2189
2190
2191
2192
2193
2194
2195
2196
2197
2198
2199
2200
2201
2202
2203
2204
2205
2206
2207
2208
2209
2210
2211
221

CARDIAC RHYTHM MANAGEMENT SYSTEM ADJUSTING RATE RESPONSE FACTOR FOR TREATING HYPOTENSION

Cross Reference To Related Application

5 This patent application is a continuation-in-part of Scheiner et al. U.S. Patent Application Serial Number 09/832,365, filed on April 10, 2001, entitled “CARDIAC RHYTHM MANAGEMENT SYSTEM FOR HYPOTENSION,” and assigned to Cardiac Pacemakers, Inc., the specification of which is incorporated herein by reference in its entirety.

10

Technical Field

 The present system relates generally to cardiac rhythm management systems and particularly, but not by way of limitation, to such a system for treating hypotension.

15

Background

 When functioning properly, the human heart maintains its own intrinsic rhythm, and is capable of pumping adequate blood throughout the body’s circulatory system. However, some people have irregular cardiac rhythms, referred to as
20 cardiac arrhythmias. Such arrhythmias result in diminished blood circulation. One mode of treating cardiac arrhythmias uses drug therapy. Drugs are often effective at restoring normal heart rhythms. However, drug therapy is not always effective for treating arrhythmias of certain patients. For such patients, an alternative mode of treatment is needed. One such alternative mode of treatment includes the use of a
25 cardiac rhythm management system. Such systems are often implanted in the patient and deliver therapy to the heart.

 Cardiac rhythm management systems include, among other things, pacemakers, also referred to as pacers. Pacers deliver timed sequences of low energy electrical stimuli, called pace pulses, to the heart, such as via an intravascular
30 leadwire or catheter (referred to as a “lead”) having one or more electrodes disposed

in or about the heart. Heart contractions are initiated in response to such pace pulses (this is referred to as “capturing” the heart). By properly timing the delivery of pace pulses, the heart can be induced to contract in proper rhythm, greatly improving its efficiency as a pump. Pacers are often used to treat patients with bradyarrhythmias, that is, hearts that beat too slowly, or irregularly. Such pacers coordinate atrial and
5 ventricular contractions to improve pumping efficiency. Cardiac rhythm management systems also include coordination devices for coordinating the contractions of both the right and left sides of the heart for improved pumping efficiency.

Cardiac rhythm management systems also include defibrillators that are
10 capable of delivering higher energy electrical stimuli to the heart. Such defibrillators also include cardioverters, which synchronize the delivery of such stimuli to portions of sensed intrinsic heart activity signals. Defibrillators are often used to treat patients with tachyarrhythmias, that is, hearts that beat too quickly. Such too-fast heart rhythms also cause diminished blood circulation because the
15 heart isn’t allowed sufficient time to fill with blood before contracting to expel the blood. Such pumping by the heart is inefficient. A defibrillator is capable of delivering an high energy electrical stimulus that is sometimes referred to as a defibrillation countershock, also referred to simply as a “shock.” The countershock interrupts the tachyarrhythmia, allowing the heart to reestablish a normal rhythm for
20 the efficient pumping of blood. In addition to pacers, cardiac rhythm management systems also include, among other things, pacer/defibrillators that combine the functions of pacers and defibrillators, drug delivery devices, and any other implantable or external systems or devices for diagnosing or treating cardiac arrhythmias.

25 One problem faced by some patients is hypotension, that is, low blood pressure. Hypotension can result in dizziness, sometimes referred to as presyncope. Hypotension can even lead to unconsciousness, sometimes referred to as syncope. One cause of hypotension is an excess shifting of blood in the circulatory system

toward the extremities (arms and legs) and away from vital organs in the patient's head and thorax. This can occur, for example, when the patient changes posture from lying horizontal or sitting with legs elevated to a position in which the patient is sitting or standing erect. Hypotension resulting from such changes in posture is referred to herein as orthostatic hypotension. However, hypotension may also have
5 causes other than changes in posture. For example, maintaining the same posture for an extended period of time (e.g., sitting erect during an intercontinental airplane flight) may also cause hypotension. Moreover, certain cardiovascular disorders may result in hypotension independent of postural changes, or may exacerbate orthostatic hypotension.

10 For example, disautonomic syncope is a problem with the autonomic nervous system. In normal patients, the autonomic nervous system constricts the blood vessels in the extremities in response to a change to a more upright posture. This venoconstriction of the blood vessels in the extremities reduces the amount of blood that would otherwise shift to the extremities when the patient changes to a
15 more upright posture. In some patients, however, this response by the autonomic nervous system is absent, or is even reversed by a venodilation of blood vessels in the extremities. Such patients are likely to experience hypotension. Moreover, this deficient response by the autonomic nervous system may occur even without changes in posture, leading to hypotension that is not necessarily orthostatic in
20 nature.

Another example of a cardiovascular cause of hypotension is vasovagal syncope. In normal patients, a change to a more upright posture results in an increased heart rate. For example, for a patient that is at rest, the heart rate may temporarily increase from 60 beats per minute (bpm) to 80 bpm when the patient
25 stands up after laying horizontally. In some patients, however, this autonomic response is absent—resulting in a drop in heart rate. This may also lead to hypotension as blood shifts away from the head and thorax into the extremities. Regardless of the cause of hypotension, the resulting symptoms of dizziness or loss

of consciousness may be extremely dangerous. This is particularly so for elderly patients who are at increased risk of injury from a fall resulting from the dizziness or loss of consciousness. Hypotension is also an obvious danger for persons operating motor vehicles or other machinery. For these and other reasons, there is a need to treat hypotension to avoid these symptoms and associated risks.

5

Summary

A cardiac rhythm management system detects hypotension. In response to an episode of detected hypotension, it increases a rate response factor mapping a sensor-indicated metabolic need to an indicated pacing rate.

10 In one example, the system includes a hypotension condition detection circuit to detect a hypotension condition in a subject and to provide a hypotension detection indicator. A first sensor provides a first sensor signal correlative to the subject's metabolic need for a cardiac output. A pacing therapy output circuit provides therapy to the subject at an indicated rate. A controller is coupled to
15 provide the indicated rate to the pacing therapy output circuit. The controller is also coupled to the hypotension condition detection circuit to receive the hypotension detection indicator. The controller is also coupled to the first sensor to receive the first sensor signal. The controller determines the indicated rate based at least in part on the first sensor signal. The controller includes a rate response factor to relate a
20 component of the first sensor signal to the indicated rate. The rate response factor is adjusted by the controller in response to the hypotension condition indicator.

The system also includes a method. The method includes detecting, in a subject, a condition correlative to hypotension. In response to the detected condition, a rate response factor is adjusted. The rate response factor relates: (a)
25 pacing rate at which stimulations are delivered to the subject's heart; to (b) a sensor signal that is correlative to the subject's metabolic need for cardiac output.

Other aspects of the invention will be apparent on reading the following detailed description of the invention and viewing the drawings that form a part

thereof.

Brief Description of the Drawings

In the drawings, which are not necessarily drawn to scale, like numerals describe substantially similar components throughout the several views. Like
5 numerals having different letter suffixes represent different instances of substantially similar components.

Figure 1 is a schematic/block diagram example of portions of a cardiac rhythm management system and portions of an environment in which it is used.

Figure 2 is a block diagram example of a hypotension detection circuit using
10 an activity sensing circuit.

Figure 3 is a graph example of one technique for determining the indicated pacing rate from the sensor-indicated metabolic need.

Detailed Description

15 In the following detailed description, reference is made to the accompanying drawings which form a part hereof, and in which is shown by way of illustration specific embodiments in which the invention may be practiced. These embodiments are described in sufficient detail to enable those skilled in the art to practice the invention, and it is to be understood that the embodiments may be combined, or that
20 other embodiments may be utilized and that structural, logical and electrical changes may be made without departing from the spirit and scope of the present invention. The following detailed description is, therefore, not to be taken in a limiting sense, and the scope of the present invention is defined by the appended claims and their equivalents.

25 Figure 1 is a schematic/block diagram example of portions of a cardiac rhythm management system 100 and portions of an environment in which it is used. In this example, system 100 includes, among other things, a cardiac rhythm management device 102 and leadwire (“lead”) 104, which is coupled to device 102

for communicating one or more signals between device **102** and a portion of a living organism or other subject, such as heart **106**. Examples of device **102** include, among other things, bradycardia and antitachycardia pacemakers, cardioverters, defibrillators, combination pacemaker/defibrillators, drug delivery devices, and any other implantable or external cardiac rhythm management apparatus capable of providing therapy to heart **106**. System **100** may also include additional components such as, for example, an external or other remote interface **108** capable of communicating with device **102**.

In this example, device **102** includes, among other things, a microprocessor or other controller **110** coupled to a hypotension detection circuit **112**, a pacing therapy output circuit **114**, a metabolic need sensor **116**, and a communication circuit **118**. Communication circuit **118** is adapted for wireless communication with remote interface **108**. Pacing therapy output circuit **114** is coupled to one or more electrodes associated with any chamber(s) of heart **106**, such as electrodes **120** and **122** of lead **104**, for delivering electrical pacing stimulations for evoking responsive heart contractions. Metabolic need sensor **116** senses the subject's need for a particular degree of cardiac output of blood being pumped through the subject's circulatory system. To accommodate the sensed metabolic need, controller **110** provides pacing therapy output circuit **114** with a variable indicated pacing rate for evoking the heart contractions. A higher sensed metabolic need for cardiac output results in a higher indicated pacing rate for evoking heart contractions.

In this example, hypotension detection circuit **112** detects a hypotension condition in the subject. In response to the detected hypotension, controller **110** adjusts the indicated pacing rate. More particularly, in the presence of hypotension, controller **110** increases a rate response factor ("RRF") so that a particular degree of metabolic need results in an at least temporarily higher indicated pacing rate than if hypotension were not detected. In a further example, controller **110** communicates an indication of the hypotension condition through communication circuit **118** to remote interface **108** for display or other user output.

One example of metabolic need sensor **116** is an activity sensor that senses the subject's activity. A greater activity level corresponds to a greater metabolic need for cardiac output of blood pumped through the circulatory system. One particular example of an activity sensor is an accelerometer for sensing the subject's movement, which is deemed correlative to the subject's activity and, therefore, to the subject's metabolic need. One suitable example of an accelerometer-based activity sensor of metabolic need is discussed in Meyerson et al. U.S. Patent No. 5,179,947 entitled "ACCELERATION-SENSITIVE CARDIAC PACEMAKER AND METHOD OF OPERATION," which is assigned to Cardiac Pacemakers, Inc., and the disclosure of which is incorporated herein by reference in its entirety.

Another example of an activity sensor is a breathing (or "respiration" or "ventilation") sensor that senses the subject's breathing rate. A higher breathing rate is deemed to correspond to a higher activity level, which, in turn, corresponds to a greater metabolic need.

One particular example of a respiration sensor is a transthoracic impedance sensor that detects an impedance across a portion of a subject's thorax ("thoracic impedance" or "transthoracic impedance.") In this document, the term "thorax" refers to the subject's body other than the subject's head, arms, and legs. As the subject breathes, inhaling and exhaling (also referred to as inspiration and expiration) the thoracic impedance varies as modulated by the breathing. From these thoracic impedance variations, the breathing rate can be determined.

In such an thoracic impedance respiration sensor example, metabolic need sensor **116** is coupled to the patient's thorax by at least two electrodes for determining the thoracic impedance by providing a test signal and measuring a response signal. In one suitable thoracic impedance respiration sensor example, system **100** includes a configuration of at least four electrodes for detecting thoracic impedance, such as discussed in Hauck et al. U.S. Patent 5,284,136 entitled "DUAL INDIFFERENT ELECTRODE PACEMAKER," assigned to Cardiac Pacemakers, Inc., the disclosure of which is incorporated herein by reference in its entirety.

However, a different number of electrodes (e.g., 2 or 3 electrodes, or more than 4 electrodes) could also be used. One suitable example of a metabolic need sensor 116 based on thoracic impedance detection of respiration uses a high frequency carrier signal to provide a test stimulus and obtain a thoracic impedance response, as discussed in Hartley et al. U.S. Patent No. 6,076,015 ("the Hartley et al. patent")
5 entitled "RATE ADAPTIVE CARDIAC RHYTHM MANAGEMENT DEVICE USING TRANSTHORACIC IMPEDANCE," assigned to Cardiac Pacemakers, Inc., the disclosure of which is incorporated herein by reference in its entirety.

In this example, hypotension detection circuit 112 detects a hypotension condition in the subject. One example of a suitable hypotension detection circuit
10 112 is discussed in Scheiner et al., U.S. Patent Application Serial No. 09/832,365, filed on April 10, 2001, entitled "CARDIAC RHYTHM MANAGEMENT SYSTEM FOR HYPOTENSION," and assigned to Cardiac Pacemakers, Inc., the disclosure of which is incorporated herein by reference in its entirety. The Scheiner et al. patent application discusses sensing thoracic impedance, such as in the Hartley et al. patent, using an electrode configuration such as that discussed in the Hauck et
15 al. patent.

The thoracic impedance signal is influenced by the patient's thoracic intravascular fluid tension, heart beat, and breathing (also referred to as "respiration" or "ventilation"). A "dc" or "baseline" or "low frequency" component of the
20 thoracic impedance signal (e.g., less than a cutoff value that is approximately between 0.1 Hz and 0.5 Hz, inclusive, such as, for example, a cutoff value of approximately 0.1 Hz) provides information about the subject patient's thoracic fluid tension, and is therefore influenced by intravascular fluid shifts to and away from the thorax. Higher frequency components of the thoracic impedance signal are
25 influenced by the patient's breathing (e.g., approximately between 0.05 Hz and 2.0 Hz inclusive) and heartbeat (e.g., approximately between 0.5 Hz and 10 Hz inclusive).

As discussed above, a too-low intravascular fluid tension in the thorax

("thoracic hypotension") may result from changes in posture. This is sometimes referred to as orthostatic hypotension. For example, in a person who has been in a recumbent position for some time, approximately 1/3 of the blood volume is in the thorax. When that person then sits upright, approximately 1/3 of the blood that was in the thorax migrates to the lower body. This increases thoracic impedance.

- 5 Approximately 90% of this fluid shift takes place within 2 to 3 minutes after the person sits upright.

Aside from such changes in posture, however, thoracic hypotension may also manifest itself as disautonomic syncope or vasovagal syncope, or other condition in which intravascular fluid shift from the thorax may or may not correspond directly
10 to a change in the patient's posture. However, hypotension resulting from a fluid shift away from the thorax is indicated by an increase in the baseline thoracic impedance, regardless of whether the cause of the hypotension is orthostatic. In response to the detection of hypotension, controller **110** increases the rate response factor relating the degree of metabolic need sensed by metabolic need sensor **116** to
15 the indicated pacing rate at which pacing stimulations are provided by pacing output therapy circuit **114**.

Figure 2 is a block diagram example of another hypotension detection circuit **112** using an activity sensing circuit **200**. In one example, activity sensing circuit **200** includes an accelerometer circuit sensing the subject's motion, which is deemed
20 correlative to the subject's activity, and providing at node **202** a resulting substantially instantaneous activity level (AL) output signal indicative of the subject's activity. In another example, activity sensing circuit **200** includes a respiration circuit (using the thoracic impedance technique discussed above or any other suitable technique for detecting a breathing rate) sensing the subject's
25 breathing rate, which is deemed correlative to the subject's activity, and providing at node **202** a resulting substantially instantaneous AL output signal indicative of the subject's activity. An input of lowpass filter (or averager) **204** is coupled to receive the substantially instantaneous AL signal for lowpass filtering or averaging over an

extended period of time, such as approximately between 15 minutes and 24 hours. Filter **204** outputs at node **206** a resulting long-term AL signal. The substantially instantaneous AL at node **202** is compared to a threshold value A at node **208** by comparator **210**. The long-term AL at node **206** is compared to a threshold value B at node **212** by comparator **214**. If the substantially instantaneous AL exceeds threshold A and the threshold B exceeds the long-term AL, then the subject is deemed to have transitioned from a period of rest to a period of activity. This detected transition is, in turn, deemed to correspond to an onset of orthostatic hypotension as communicated by the output of hypotension detection circuit, at node **216**, to controller **110**. The signal processing illustrated in Figure 2 can be performed in either analog or digital domains.

Although hypotension detection circuit **112** and metabolic need sensor **116** are illustrated in Figure 1 as being implemented separately, in certain examples these blocks may share certain components. For example, where an accelerometer is used as metabolic need sensor **116** and hypotension detection circuit **112** also uses an accelerometer-based activity sensing circuit **200**, the same accelerometer can be used for both. Similarly, where thoracic impedance sensing of breathing is used as metabolic need sensor **116** and hypotension detection circuit **112** uses a thoracic impedance baseline for determining whether hypotension is present, the same test signal generation, receiving, and demodulation circuit could be used in both blocks, with appropriate separate processing of different frequency components of the thoracic impedance signal.

Figure 3 is a graph example of one technique executed by controller **110** for determining the indicated pacing rate **300** from the sensor-indicated metabolic need **302** received by controller **110** from metabolic need sensor **116**. In this example, line **304** indicates one mapping of metabolic need to the indicated pacing rate, which is bounded by a lower rate limit (LRL) and a maximum sensor rate (MSR). A greater metabolic need corresponds to a higher indicated pacing rate, therefore line **304** has a positive slope. The slope of line **304** is referred to as the rate response

factor (RRF). The RRF is typically programmable to a particular value within a range of values. In operation, upon receiving an indication of a detected episode of hypotension from hypotension detection circuit 112, controller 110 increases the RRF from its programmed value, RRF_1 , to a higher value, RRF_2 , for a time period following the detection of hypotension, and then returns to RRF_1 . In one example, this time period is approximately between 30 seconds and 10 minutes, such as about 2 minutes. During this time period, line 306 illustrates the mapping of metabolic need to indicated pacing rate. Thus, when hypotension is detected, a particular level of sensor-indicated metabolic need results in a higher value of the indicated pacing rate than when no hypotension is present. Controller 110 provides the indicated pacing rate to pacing therapy output circuit 114, which, in turn, provides pacing stimuli to heart 106 at the indicated pacing rate.

For example, when activity is used to indicate metabolic need, when hypotension is detected the indicated pacing rate is increased. The increase in indicated pacing rate is larger at higher activity levels than at lower activity levels. By increasing the indicated pacing rate in this manner, controller 110 effects a faster return of blood from the extremities to the thorax and head, thereby reducing or avoiding the symptoms of dizziness or fainting.

In an alternative example, rather than abruptly being stepped back from RRF_2 to RRF_1 following the time period initiated by the detected hypotension, the mapping slope more slowly decays, or otherwise incrementally steps back to the programmed value. In one example, the RRF approximately exponentially decays from RRF_2 to RRF_1 , such as with a time constant that is approximately between 15 seconds and 10 minutes, such as about 1 minute. In another example, the RRF incrementally steps from RRF_2 to RRF_1 through a number of intermediate values that are substantially equally spaced between RRF_2 and RRF_1 .

It is to be understood that the above description is intended to be illustrative, and not restrictive. For example, the above-discussed embodiments may be used in combination with each other. Many other embodiments will be apparent to those of

